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INSTRUCTION SHEET  
REQUEST TO RE-DIRECT PAYMENT THROUGH THE CLERK OF COURTS  
DEPOSITORY

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As per your request to re-direct your payments to be paid through the court Depository, we are enclosing the Request to complete and return to the Lee County Clerk of Courts, Family Support Depository.

Please follow these instructions before returning to us:

- 1) Fill in the date of the Lee County Court order which you are asking to be re-directed.
- 2) Complete the Case Information section on the request with as much information that is available.
- 3) Arrears due prior to date of redirection will need to be set by order of the court.

Once the request has been complete return it to the address below. Upon receipt of the request, we shall complete the procedure and mail copies of the completed documents to both parties involved.

If you have any questions, please call our office before returning the request to our office.

Thank You

Lee County Clerk of Court  
Family Support  
P O Box 2488  
Fort Myers Florida 33902  
(239)-533-5000 - Option 6

IN THE CIRCUIT COURT OF THE TWENTIETH JUDICIAL CIRCUIT IN AND FOR LEE COUNTY,  
FLORIDA

CASE NO:

\_\_\_\_\_ /

REQUEST TO REQUIRE PAYMENTS THROUGH COURT DEPOSITORY

I request that all future payments be made through the Court Depository as allowed by FS 61.08 and FS 61.13, and that a Notice To Pay Through The Court Depository be issued within fifteen (15) days.

I shall notify the Court Depository in writing of any changes in my name or address within 7 days of the change, as required by FS 61.181 (3)(b).

Date: \_\_\_\_\_.

\_\_\_\_\_  
Signature

**Case Information**

**Last order date**

Obligee Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 SS#: XXX-XX-\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Obligor Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 SS#: XXX-XX-\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Dependent: \_\_\_\_\_ DOB: \_\_\_\_\_

Dependent: \_\_\_\_\_ DOB: \_\_\_\_\_

Dependent: \_\_\_\_\_ DOB: \_\_\_\_\_

Dependent: \_\_\_\_\_ DOB: \_\_\_\_\_